MARYLAND FORUM ON
HEALTH CARE REFORM

APRIL 16, 2013

Governor's Office of Health Care Reform

Maryland Health Benefit Exchange

Overarching Goal of Health Care Reform

BETTER HEALTH FOR ALL MARYLANDERS

MARYLAND

Maryland's Collaborative Approach

State Agencies, Local Jurisdictions, Non-Profits and Private Sector

MedChi
The Maryland State Medical Society

NAMI
National Alliance on Mental Illness

MARYLAND CHAMBER of COMMERCE

MARYLAND INSURANCE ADMINISTRATION

Strengthening Lives
BCDA
Baltimore County Department of Aging

Maryland Women's Coalition FOR HEALTH CARE REFORM

Maryland Hospital Association

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Four Pillars of ACA

- Stronger, Non-discriminatory Insurance Coverage
- Expanded Access to Health Insurance and Health Care
- More Affordable Insurance Coverage
- Cost Control and Quality Improvement

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Pillar I:
Stronger, Non-Discriminatory Coverage – Patients' Bill of Rights

- Young adults can stay on parents' insurance plan until age 26; **52,000 in MD; 2.5 million nationwide.**

- No children denied coverage because of pre-existing condition.
- No lifetime limits on benefits and harder to rescind policies when people get sick; **2.25 million Marylanders benefiting, including over one half million children.**

- **Women** no longer paying higher premiums because they are women.

- Preventive services like mammograms and flu shots; **1.2 million Marylanders** covered with no cost-sharing; **554,000 on Medicare** have received at no cost; 797,185 eligible.

- In **2014**, no exclusions for **pre-existing conditions** or **annual limits** on benefits.

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Pillars II and III

Expanded Access to Care and More Affordable Coverage

Medicaid Expansion

- New eligibility up to 133% FPG ($15,282 for individual; $31,322 for family of four)
- 2014-16: 100% federally funded; tapers to 90% by 2020
- Eligibility determination and enrollment through Health Benefit Exchange

Projections

- 2014: **108,000**
- 2015: **135,000**
- 2020: **187,000**

Health Benefit Exchange

- Transparent, competitive marketplace where consumers will compare private health benefit plans based on quality and price.
- Federal subsidies for low-income people 133% - 400% FPG ($15,282 for individual; $94,200 for family of four)
- Small business tax credits: 50% of employer's contribution to premium

Projections

- 2014: **147,000**
- 2015: **170,000**
- 2020: **284,000**

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Pillar III

More Affordable Coverage

Closing the Donut Hole

Prescription Drug Savings to Maryland Seniors

- **55,107** Maryland seniors received **$250** rebate in 2010.
- **49,000** saved **$37.5 million** in 2012.
- Overall savings to Maryland seniors to date: **$84.1 million.**
- Projected savings through 2020: **$400 million.**

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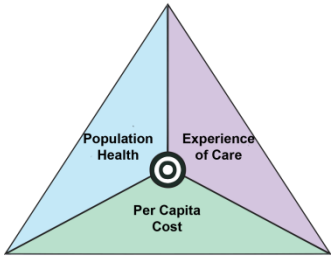
PILLAR IV

Cost Control and Quality Improvement: Save Money While Making People Healthier

Keeping people healthy: Investments in wellness and prevention



IHI Triple Aim

Higher quality and more efficient care delivery models: Pilots and demonstration projects with leadership from health care providers

Health Information Technology: Support ongoing efforts to develop Health Information Exchange and meaningful use of Electronic Health Records

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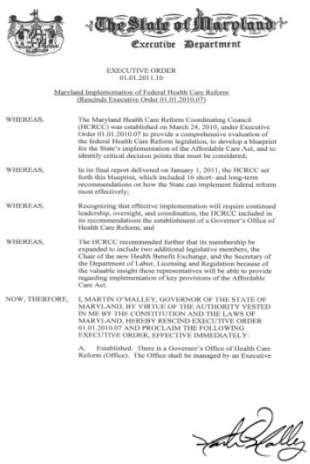
BRINGING THESE BENEFITS OF HEALTH REFORM TO MARYLAND

Health Care Reform Coordinating Council

Established by Executive Order, March 2010



The State of Maryland
Executive Department

EXECUTIVE ORDER
01.01.2011.10

Maryland Implementation of Federal Health Care Reform
(Rescinds Executive Order 01.01.2010.07)

WHEREAS, The Maryland Health Care Reform Coordinating Council (HCRCC) was established on March 24, 2010, under Executive Order 01.01.2010.07 to provide a comprehensive evaluation of the federal Health Care Reform legislation, to develop a blueprint for the State's implementation of the Affordable Care Act, and to identify critical decision points that must be considered;

WHEREAS, In its final report delivered on January 1, 2011, the HCRCC set forth this blueprint, which included 16 short- and long-term recommendations on how the State can implement federal reform most effectively;

WHEREAS, Recognizing that effective implementation will require continued leadership, oversight, and coordination, the HCRCC included in its recommendations the establishment of a Governor's Office of Health Care Reform; and

WHEREAS, The HCRCC recommended further that its membership be expanded to include two additional legislative members, the Chair of the new Health Benefit Exchange, and the Secretary of the Department of Labor, Licensing and Regulation because of the valuable insight these representatives will be able to provide regarding implementation of key provisions of the Affordable Care Act.

NOW, THEREFORE, I, MARTIN O'MALLEY, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND THE LAWS OF MARYLAND, HEREBY RESCIND EXECUTIVE ORDER 01.01.2010.07 AND PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. Established. There is a Governor's Office of Health Care Reform (Office). The Office shall be managed by an Executive

01.01.2010.07

- ✓ **Executive and legislative leaders in health care**
- ✓ **Directed to examine Affordable Care Act and make recommendations to Governor and General Assembly on how State should implement reforms in ways that would work best for Maryland.**

Report: 16 Recommendations in 5 Categories

- Health Benefit Exchange, Medicaid Expansion and Insurance Market Reforms
- Health Care Delivery and Payment Reform
- Public Health, Safety Net, and Special Populations
- Workforce Development
- Communications/Outreach and Leadership/Oversight

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Health Benefit Exchange, Insurance Reforms, Medicaid Expansion

#1 **Establish Exchange;** ***#2*** **Develop seamless entry into public and private coverage;**
#15 **Preserve Maryland's strong base of employer-sponsored insurance.**

HEALTH BENEFIT EXCHANGE ACT OF 2011

Hybrid Model of Governance:

Public Corporation

- Transparency, openness, and accountability of government
- Hiring and contracting flexibility of private sector

BOARD OF DIRECTORS

Joshua Sharfstein, Secretary, Maryland Dept. of Health & Mental Hygiene
Therese Goldsmith, Commissioner, Maryland Insurance Administration
Ben Steffen, Executive Director, Maryland Health Care Commission
Kenneth Apfel, Professor, University of Maryland School of Public Policy
Georges Benjamin, M.D., Executive Director of American Public Health Association
Darrell Gaskin, Ph.D., Professor, Johns Hopkins Bloomberg School of Public Health
Jennifer Goldberg, J.D., LL.M., Assistant Director, Maryland Legal Aid Bureau
Enrique Martinez-Vidal, M.P.P., Vice President at AcademyHealth
Thomas Saquella, M.A. retired President, Maryland Retailers Association

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MARYLAND HEALTH BENEFIT EXCHANGE

- **Federal grant funding support**
  - Innovator/Establishment Level I and II grant awards - **$157 M**
- **One-stop enrollment and eligibility IT system**
  - Eligibility determinations for Medicaid and federal subsidies;
  - Enrollment into MCOs and qualified health plans;
  - Infrastructure design in expandable pods, with other social services programs to be added later;
  - Necessary connectivity to IRS and other federal data systems.
- **Maryland Health Benefit Exchange Act of 2012**
  - Operating Model and Market Rules
    - All carriers above premium threshold must offer plans in Exchange;
    - Exchange may establish standards for plans, *e.g*. compliance with Mental Health Parity and Addiction Equity Act, network adequacy, quality;
    - After 2016, Exchange may employ selective contracting to promote key objectives like value-based insurance design, new care delivery models, *etc*.

MARYLAND HEALTH BENEFIT EXCHANGE

- **Maryland Health Benefit Exchange Act of 2012 (cont).**
  - Fraud, waste and abuse detection and prevention program
  - Design of Small Business Options Program (SHOP)
    - Employers may offer employees greater choice among plans
    - Employer chooses metal level; employee chooses among carriers
  - **Outreach and Consumer Assistance – "Connector" Programs**
    - State divided into 6 regions, with umbrella "connector entity" in each region awarded grant to provide services for its region
    - Connector entity required to partner with community-based organizations with expertise reaching vulnerable, diverse and special populations
    - Existing insurance producer distribution network will also be critical
- **Name/Branding of Exchange – Maryland Health Connection**

maryland health connection

Welcome to Maryland Health Connection
—a new marketplace opening in October 2013.

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ESSENTIAL HEALTH BENEFITS: SELECTION OF STATE'S BENCHMARK

FEDERAL GUIDANCE – AFFORDABLE CARE ACT

➢ **Beginning in January, 2014, all plans offered in small group and individual markets inside and outside exchanges must cover "essential health benefits."**

Must cover 10 categories of mandated essential health benefits

- **Ambulatory patient services;**
- **Emergency services;**
- **Hospitalization;**
- **Maternity and newborn care;**
- **Mental health & substance use disorder services;**
- **Prescription drugs;**
- **Rehabilitative and habilitative services;**
- **Laboratory services;**
- **Preventive/wellness services & chronic disease management;**
- **Pediatric services, including oral and vision care**

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ESSENTIAL HEALTH BENEFITS: SELECTION OF STATE'S BENCHMARK

- **State action:** Health Care Reform Coordinating Council made initial selection of State employee health plan in September 2012.
- **New federal guidance** issued in November, 2012 changed certain rules regarding mandated and behavioral health benefits upon which HCRCC had relied in making initial selection.
- **HCRCC** solicited further stakeholder input and on December 17, 2012:
  - **Made new selection of State's small group plan as benchmark**;
  - Retained all existing mandates in markets in which currently applicable;
  - Substituted more comprehensive and parity compliant federal employee behavioral health benefit;
  - Added adult component to existing child habilitative services benefit in parity with current rehabilitative services benefit.
- **HCRCC decision preserves stability in small group market while offering robust, comprehensive benefit coverage and open drug formulary.**

Maryland Health Progress Act of 2013

Last step in O'Malley-Brown Administration's three-year effort to use tools of Affordable Care Act to enhance Marylanders' access to quality and affordable health care.

- **Medicaid expansion:** expands eligibility to 133% FPG and to age 26 for former foster care youth;
- **Maryland Health Benefit Exchange (MHBE) financing:** establishes MHBE dedicated funding stream from existing premium tax on health insurers;
- **MHIP enrollees:** provides for gradual migration of Maryland Health Insurance Plan (MHIP) enrollees into MHBE to ease their transition and mitigate potential impact on rates;
- **State reinsurance program:** allows for development of State reinsurance program to counteract potential short-term pressures on rates;
- **Administration of Exchange:** enumerates bases on which MHBE may not discriminate and establishes requirements for accessibility to persons with disabilities;

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Maryland Health Progress Act of 2013

- **Exchange enforcement and carriers' appeal process:** establishes MHBE's authority to enforce plan certification requirements and carriers' right to appeal;
- **Additional consumer assistance programs:** establishes Consolidated Services Center and new categories of consumer assistance personnel pursuant to new federal guidance;
- **Standing Advisory Committee:** establishes a permanent, broad-based and diverse stakeholder advisory committee to begin functioning in March, 2014;
- **Final federal certification:** makes other changes necessary for MHBE to achieve final certification as a state-based exchange;
- **Continuity of care:** puts in place policies to promote continuity of care for those moving in and out of Medicaid and commercial insurance; and
- **Studies/Recommendations:** requires future reports on impact of continuity of care policies, tobacco rating, pediatric dental guidelines, and captive producers.

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maryland health connection

Upcoming Developments

- ✓ **Carriers' form and rate filings for plans to be offered in MHBE:** Carriers submit requested rates by April 1, 2013.
- ✓ **Maryland Insurance Commissioner's review:** Under its authority to review, modify, and approve rates, MIA will conduct comprehensive review process and announce approved rates in July, 2012.
- ✓ **Connector entity awards and navigator certification:** MHBE will award grants to regional connector entities and begin navigator training and certification.
- ✓ **Consolidated Services Center:** Will begin operations in August, 2012
- ✓ **Education, marketing and outreach campaign:** Will begin summer, 2013.
- ✓ **Open enrollment:** October 1, 2013.

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ECONOMIC BENEFITS OF EXCHANGE AND MEDICAID EXPANSION

Economic Stimulus

➢ Independent analysis by Hilltop Institute at University of Maryland Baltimore County found that full implementation of the Affordable Care Act will:

- **generate $3 billion in additional economic activity annually;**
- **create 26,000 new jobs by end of decade;**
- **have net positive impact on State's budget through 2020;**
- **protect safety net and other health care providers; and**
- **reduce hidden uncompensated care tax in insurance premiums.**

Source : "Maryland Health Care Reform Simulation Model" Hilltop Institute, University of Maryland Baltimore County (July 2012)

ECONOMIC BENEFIT OF EXCHANGE AND MEDICAID EXPANSION

Economic Benefit	2104	2015	2020
Federal Subsidies	$254 Million	$607 Million	$1.3 Billion
Increase in Funds to Providers	$682 Million	$1.2 Billion	$2.3 Billion
Increase in Health Expenditures	$1.06 Billion	$2.08 Billion	$3.9 Billion
Number of New Jobs	9,000	16,000	26,000
Reduction in Uncompensated Care	$118 Million	$306 Million	$714 Million
Additional State and Local Taxes	$61 Million	$140 Million	$237 Million

ACA Funds Awarded in Maryland

- **Maryland Health Benefit Exchange**
  - $157 million
- **Prevention and Public Health Fund grants**
  - $16 million
- **Community Health Centers**
  - $44 million to expand services, establish new sites, and support capital improvements
- **Balancing Incentives Payment Program**
  - $106 million grant for long-term care reform to provide care in community-based rather than institutional settings
- **Public health providers**
  - $5 million for training to improve primary care and preventive medicine
- **Other programs**
  - Maternal/early childhood visitation, school-based health centers, teen pregnancy reduction, coordinated chronic disease, enhanced HIV prevention, *etc*.

Health Care Delivery and Payment Reform

Council Recommendations

#12 **Enhance quality and reduce costs through payment reform and delivery innovations.**

#13 **Improve access to primary care.**

#14 **Reduce and eliminate health disparities through financial, performance-based incentives and other strategies.**

Progress

✓ **HCRCC's Health Care Delivery and Payment Reform Committee**

- **Identifies and supports successful clinical innovations, financial mechanisms and integrated programs underway in private sector to promote delivery system reform**
- **Website, www.dhmh.maryland.gov/innovations**

Health Care Delivery and Payment Reform

- ✓ **Health Quality & Cost Council**
  - **Public-private Partnership to address chronic disease management, wellness and prevention, and other quality and cost control measures**
  - **Maryland Patient Centered Medical Home Pilot**
- ✓ **Health Enterprise Zones**
  - **Maryland Health Improvement and Disparities Reduction Act of 2012;**
  - **Invests in local community plans to improve primary care and address underlying causes of health disparities using direct grants, tax incentives, loan repayment, and other tools;**
  - **5 HEZ designations: St. Mary's, Dorchester, Prince George's, Anne Arundel, and West Baltimore.**

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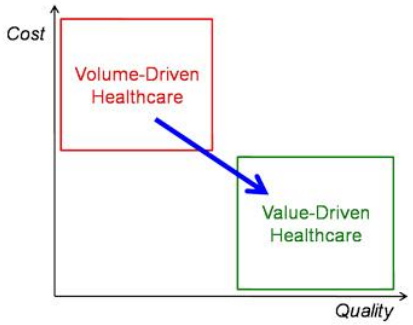
Health Care Delivery and Payment Reform

- ✓ **Maryland's Health Information Exchange (HIE)**
  - Chesapeake Regional Information System for Our Patients (CRISP)
  - Maryland was first state to connect all of its 46 acute care and 2 specialty hospitals

- ✓ **Balancing Incentives Payment Program**
  - $106 million grant for long-term care reform to provide care in community-based rather than institutional settings

- ✓ **Health Service Cost Review Commission**
  - Total Patient Revenue, Quality-based Reimbursement Initiative, and Hospital Acquired Conditions Initiative



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ACCOUNTABLE CARE ORGANIZATIONS

- **New health care delivery model where groups of doctors, hospitals, and other providers work together to:**
  - provide coordinated, high quality care to their Medicare patients which:
    - ensures care at the right time and place; and
    - avoids duplication or services and medical errors;
  - reduce the rate of growth in health care spending.

- **Medicare Shared Savings Program**
  - Uses 33 performance measures for patient safety, preventative health services, care for at-risk populations, care coordination, and patient experience;
  - If the cost of care is below the anticipated cost, ACO receives portion of savings.

MARYLAND ACOs

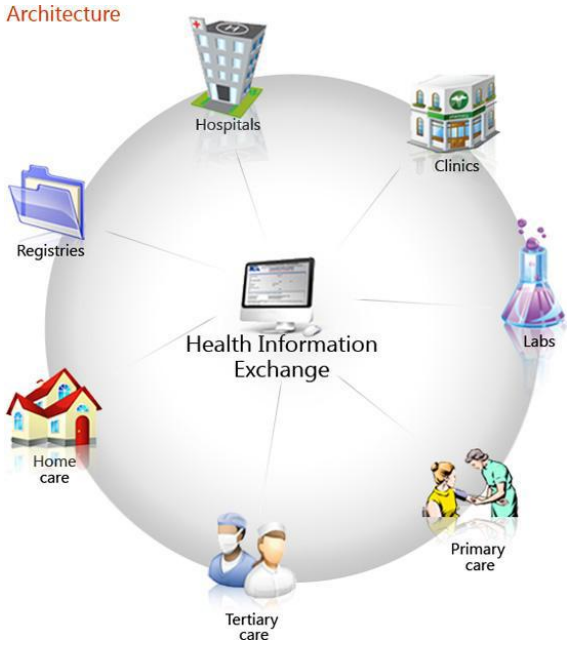
APPROVED JULY 2012

- **Accountable Care Coalition of Maryland,** Hollywood, MD, 109 physicians
- **Greater Baltimore Health Alliance Physicians,** partnerships between hospital and ACO professionals, 399 physicians.
- **Maryland Accountable Care Organization of Eastern Shore,** National Harbor, 15 physicians.
- **Maryland Accountable Care Organization of Western MD,** National Harbor, ACO group practices and networks of individual ACO practices, 23 physicians.

APPROVED JANUARY 2013

- **AAMC Collaborative Care Network**
- **Maryland Collaborative Care**
- **Northern Maryland Collaborative Care**
- **Southern Maryland Collaborative Care**
- **Lower Shore ACO**

Building Maryland's Health Information Exchange



Goal: Interconnected, consumer-driven electronic health care system aimed at **enhancing quality and reducing costs.**

- **Chesapeake Regional Information System for our Patients (CRISP) is State-designated HIE;**
- **State has invested $10 million in startup costs to leverage $17.3 million in federal assistance;**
- **Maryland is first state to connect all 46 acute care hospitals to common platform;**
- **CRISP sends out 12,000 notifications a month to primary care clinicians when patients seen in hospital;**
- **State also using HIE to map hot spots of preventable hospitalizations and poor outcomes.**

CRISP

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Patient Centered Medical Home

New care delivery model anchored in primary care

- **Accessible -** first contact care point of entry for new problem;
- **Continuous -** ongoing care over time;
- **Comprehensive -** provides or arranges for services across all patient's health care needs;
- **Coordinated -** integration of care across patient's conditions, providers and settings, with patient's family, caregivers, and community;
- **Improvements -** through a systems-based approach to quality and safety; and
- **Patient Centered -** needs and wishes of patient and family are consciously considered.

Payment Model

- **Fee-For-Service -** practices continue to be reimbursed under their existing fee-for-service payment arrangements with health plans;
- **Fixed "Transformation" Payment -** practices receive per patient/per month fee (paid semi-annually) between $3.50 and $6.00; and
- **Incentive Payment (Shared Savings) -** practices receive share of any actual savings generated by reducing total cost of care through improved patient outcomes.

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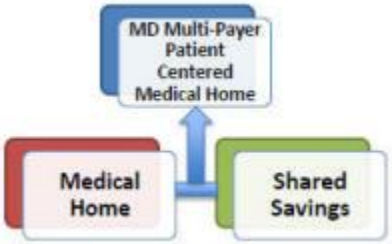
Maryland's PCMH Pilot Programs



- **State multi-payer and private single payer authorized by 2010 legislation.**
- **State multi-payer:**
  - 5 commercial carriers, 6 MCOs, some self-funded employees, and TRICARE (7/13);
  - 52 practices with 250,000 "attributed" patients; 330 providers;
  - Practice transformation through Maryland Learning Collaborative;
  - Practices must deliver team-based care with care coordinator, obtain NCQA recognition as PCMH, and report on quality and performance;
  - In 2012, approximately $900,000 in shared savings issued to 23 practices;
  - Model to be evaluated to determine whether achieves savings, increased patient and provider satisfaction, and reduced health disparities.
- **Two single payers authorized as of 3/13; 1.1 million patients.**

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State Innovation Models Award
Community-Integrated Medical Home

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

- CMS initiative to develop, implement and test new payment and delivery models;
- Maryland received **$2.37 million "Model Design,"** 6-month planning award;
- Opportunity for "Model Testing" award up to $60 million over 4 years.
- **Community-Integrated Medical Home**
  - Integration of multi-payer medical home with community health resources;
  - Four components – primary care, community health, strategic use of new data, and workforce development;
  - Governance structure and public utility to administer payment and quality analytics processes;
  - Use of expanded Local Health Improvement Coalitions, community health workers, and data and mapping resources for "hot-spotting" high utilizers.
- **Stakeholder engagement planning process** with payers, providers, and local health improvement coalitions from April to September, 2013.

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Public Health, Safety Net, and Special Populations

#4 **Develop state/ local strategic plans for better health outcomes.**
#5 **Encourage participation of safety net providers in health reform.**
#6 **Improve coordination of behavioral health and somatic services.**
#7 **Promote access to quality care for special populations.**

✓ State Health Improvement Process

- Local action and accountability to improve population health and reduce disparities;
- 39 measures of population health outcomes and determinants, *e.g*. rate of ED visits, low-birth weight, obesity, smoking, *etc*.;
- Establish leadership coalitions, county baselines and targets.

Behavioral Health Integration

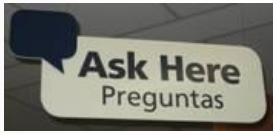
- Merger of Mental Hygiene Administration and Alcohol and Drug Abuse Administration into single Behavioral Health Administration;
- Substance use and mental health integrated carve-out.

✓Community Health Centers

- Federal grants totaling $17.7 million

Public Health, Safety Net, and Special Populations

- ✓ **Community Health Resources Comm. Safety Net Provider Assistance Plan**
  - Maryland Health Access Assessment Tool – survey of uninsured, projected supply and demand post-2014;
  - Development of relationships for contracting between "essential community providers" and carriers/MCOs;
  - State and Local Health Departments' assistance with business planning, contracting, credentialing, and billing;
  - Community-based Health Center Voluntary Certification; and
  - Health Access Impact Fund – public/private partnership with philanthropic community to leverage dollars for capacity building and technical assistance.



- ✓ **Community Transformation grant for chronic disease prevention**
  - Addressing root causes of chronic disease, like smoking, poor diet, and lack of physical activity; $3.89 million grant award to Maryland
- ✓ **Enhanced public health funding ($9.7 M in FY'13 budget)**
  - Programs like: Maternal, Infant and Early Childhood Home Visiting program; teen pregnancy reduction programs; Coordinated Chronic Disease program; Enhanced HIV prevention program.

Workforce Development

Governor's Workforce Investment Board's
"Preparing for Health Reform: Health Reform 2020"

- **Strategic plan** to increase Maryland's primary care workforce capacity by 10-25% over next decade.
- **Need for significantly larger primary care workforce** - greater demand for services from aging population and increased insurance coverage.
- **Recommends 3 Major Interventions:**
  - Strengthen primary care workforce capacity, *e.g*. "pipeline" educational programs;
  - Address primary care workforce distribution and reduce service shortage areas, *e.g*. financial assistance to serve in medically underserved areas;
  - Re-examine practitioner compensation for high-quality care, *e.g*. increased payment for primary care services.
- **$4.98 million in ACA funding** to support training of providers to improve preventive medicine, health promotion and disease prevention.

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Workforce Development

- **EARN program (Employment Advancement Right Now)**
  - 2013 bill which provides grant dollars to match Marylanders seeking new or better jobs with the workforce needs of Maryland employers.
  - Businesses, government, and educational institutions will collaborate to create training programs that help prepare people for jobs in high-demand fields, including health care.
- **SIM Model Design planning**
  - Use of community health worker
  - Identification of best practices and inventory of training models
- **Workforce Advisory Committee**
  - Educators, practitioners, and other stakeholders to recommend and help support workforce development initiatives, including:
    - Training opportunities to increase workforce diversity and align with emerging care delivery models;
    - Workforce data collection, analysis, and reporting.
    - Licensing and credentialing – identify opportunities to streamline, reduce barriers, and make more efficient.

TELEHEALTH

- **Telehealth:** use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.
- **Leading challenges include:**
  - Developing interoperable networks capable of communicating/connecting to CRISP;
  - Determining actual cost-effectiveness and appropriate Medicaid reimbursement.
- **Telemedicine in Maryland**
  - Medicaid reimburses for telemental health services in rural geographic areas;
  - 2013 legislation expanded Medicaid reimbursement to cardiovascular or stroke emergencies, where procedure is medically necessary and specialist is not on duty;
  - Bill also directed continued study of telemedicine through Telemedicine Task Force to identify opportunities to use telehealth to improve health status and health care delivery, with final report and recommendations due December, 2014;
  - DHMH supports expanding to “hub and spoke” model that connects primary care to specialists, and continues to study “store and forward” and “home health telemonitoring” for cost-effectiveness.

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COMMUNICATIONS/OUTREACH

GOAL

Build public support for health care reform and help Marylanders understand how to benefit from it.

- **GOHR collaboration with Robert Wood Johnson Foundation's communications experts to develop strategic plan and revamp website**
- **Launch of consumer-centric website in March, 2012**
- **Communications and Outreach Public/Private Advisory Committee**
- **Ongoing communications efforts, development of materials, and coordination with Exchange naming, branding, and strategic planning**

MARYLAND

Leadership, Oversight, and Coordination

Recommendation

#16 **Continued leadership, coordination and oversight of health care reform.**

Progress

- ✓ **Health Care Reform Coordinating Council extension and expansion**
- ✓ **Governor's Office of Health Care Reform**

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QUESTIONS

www.healthreform.maryland.gov

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